

As a below named inventor, I hereby declare that:

AFTERBURNER IGNITER

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

•			
described and claimed	in the specification:		
Check one	_		
	attached hereto		
	filed onas Application Serial Noand understand the contents of the above-identified specification, including the claims, as amended by any		
		above-identified specification, inc	luding the claims, as amended by any
37, Code of Federal R	e duty to disclose to the Office all in egulations §1.56. Under Title 35, U	JS Code §119, the priority benefits	terial to patentability as defined in Title of the following foreign application(s)
filed within one year p	rior to this application are hereby cla	aimed:	•
	BRITAIN PATENT APPLICATION NOVEMBER 1996	N NO 9623196.4	
	er (a) more than one year prior to		filed in countries foreign to the United filing date of the above-named foreign
	the following as my attorneys of sact all business in the Patent Office		ution and revocation to prosecute this
	Kirk M Hudson, Reg No 27,56	075; William P Berridge, Reg No 2; Thomas J Pardini, Reg No 30, Valker, Reg No 31,450	
	DENCE IN CONNECTION WITH X 19928, ALEXANDRIA, VIRGIN		
own knowledge are to statements were made or both, under Section	rue and that all statements made of with the knowledge that willful fals	n information and belief are belief estatements and the like so made	nd that all statements made herein of my eved to be true; and further that these are punishable by fine or imprisonment, e statements may jeopardize the validity
Typewritten Full Nam	e ·		
of Sole or First Invent		G	ALLEN
	Given Name	Middle Initial	Family Name
Inventor's Signature	5 Allen		
Date of Signature	9 SEPTEMBER	1997	
Residence	BRISTOL		GREAT BRITAIN
	City	State or Province	Country
Citizenship	BRITISH		
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IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

*If Box a is checked, this form may be executed only when attached to the specification (including claims) at the end thereof. Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.